## Little Hands Registration Form 2004–2005

Participating Parent (F	First, Last)			
Spouse/Partner (First	Last)			
Telephone				
Email				
Address				
City		State	Zip	
Child		DOB (MM/DD/YY)		
Check one: New F	Family Returning	g. Last year attended	Little Hands	
Class Registration				
Please mark your top	three choices for your age 9:00 to11:00* / PM classes	• .	•	
DOB 12/01/03-4/01/04	DOB 8/01/03-12/01/03	DOB 3/01/03-8/01/03	DOB 11/01/02-3/01/03	DOB 12/01/01-11/01/02
(Jan baby class**)	(9-13 months)	(13-18 months)	(18-22 months)	(22-33 months)
			Monday AM	Mon/ Wed PM (2-day)
			Tuesday AM	Tuesday PM
	Wednesday PM2	Wednesday AM		
Thursday AM**	[	Thursday AM		Thursday PM
	Friday AM	Friday PM***	Friday PM***	Friday PM***
	[	Saturday AM***	Saturday AM***	Saturday AM***
	15-11:15 TBD y baby class— Thursday am ldren 15 to 33 months old as		ner TBA)	
Staff				
Note: Teachers Subje		O Dat Marian Maria	day ANA Mara (NA) ad DN	
Melissa Frank—Thurs	day AM, Wednesday PM: day AM, Thursday PM sday AM, Tuesday PM		day AM, Mon/ Wed PN Friday AM, Friday PM,	
	registration form along dable registration fee to			
Returning family for New families must a	e processed randomly <u>by o</u> ms received after March 2 attend Open House or a te New Family Registratio	20 <sup>th</sup> will be processed eacher-led tour prior to	registering.	
Tuition per Semeste		Twins 1-day	r class \$343 Tw	rins 2-day class \$550